Commonwealth of Massachusetts / City of Springfield



2012

ELDERLY PERSONS

MUST BE FILED ON OR BEFORE DECEMBER 15^{TH} OR THREE MONTHS FROM THE MAILING OF THE ACTUAL (NOT PRELIMINARY) TAX BILL. THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

1030.					
	Name of Record Owner				
	0 4 11 137				
Α	2 M.T. A.11		_		
	4. Street address of property upon which exemption is				
	5. Street/Parcel				
IDENTIFICATION	6. Telephone	7. Date of Birth			
	8. Social Security No/_/	9. Marital Status			
В	10. Indicate Status Sole Owner Co-Owner with Spouse Co-Owner with person not a spouse 11. Is this property income producing? Yes No 12. Did you own and occupy the above property as your	principal residence as of	`July 1 st ?		
STATUS	☐ Yes ☐ No	1			
C	13. How long have you owned the property?				
	b. List your % of ownership	Applicant & Spouse	Spouse		
ELIGIBILITY INFORMATION	a. Amount in Bank Accounts (List institution & balance in all Savings, CD's, Checking, etc.) Bank 1	\$	BALANCE as of July 1st		
	Bank 2	\$	\$		
	Bank 3	\$	\$		
	Bank 4	\$	\$		
	b. List the value of any stocks, bonds and securities that you own.	\$	\$		
	c. List the value of any Motor Vehicle(s).	\$	\$		
	Model Year TOTAL	\$	\$		
	COPIES OF FEDERAL OR STATE INCOME TAX MAY B	E REQUIRED FOR SUBSTAN	TIATION		
	PLEASE CONTINUE O	N BACK			
FOR	Approved	Assessed Value			
ASSESSORS	Denied / Reason Exclusion				
USE ONLY	Signature Date	Asset Overage			
HEARING DATE:	<u></u>				

	15	Indicate GROSS RECEIPTS from all sources in the preceding calendar year	Applicant & Spouse	Spouse
	a	Social Security or Railroad benefits. Employee pension or retirement allowances from the U.S., Massachusetts, or any city town, county or district	\$	\$
(continued)	b	Applicable Exclusion (as determined by the Commissioner of Revenue)	\$	\$
	С	Other pensions, retirement allowances and annuities	\$	\$
	d	Wages, salaries, tips, other compensation & net profits from business	\$	\$
	e	Interest and dividends	\$	\$
	f	Gains from sales or exchange from real estate	\$	\$
	g	Gains from sale or exchange of other property, tangible or intangible	\$	\$
	h	Rent and royalty income	\$	\$
	i	Receipts from other taxable or nontaxable sources (specify)	\$	\$
		TOTAL GROSS RECEIPTS	\$	\$

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

	16 SIGN HERE TO COMPLETE THE APPLICATION – YOU MUST SIGN THE APPLICATION			
D	This application has been prepared and examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.			
	Your Signature Date	,		
SIGN HERE	If signed by an agent, attach a copy of written authorization to sign on behalf of the taxpayer.			
	By requesting consideration for exemption, I hereby authorize the City of Springfield Assessors Office to make any and all inquiries to any party regarding any bank account, whether held in my name individually, as a trustee or agent, against which I have the power to draw, whether or not my name appears.			
	Your Signature Date	,		

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

Return this form to: Assessors Office Springfield City Hall 36 Court Street Springfield, MA 01103-1698

FISCAL YEAR 2012

ELDERLY PERSONS